



# KING COUNTY AUTOMOBILE ACCIDENT REPORT

Date: \_\_\_\_\_

Name of Owner of Your Vehicle: \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Model Year \_\_\_\_\_ Make of Car \_\_\_\_\_ Body Style \_\_\_\_\_ Serial Number \_\_\_\_\_ Motor No. \_\_\_\_\_

State and License No. \_\_\_\_\_ Mileage \_\_\_\_\_ If Mortgaged by Whom Held? \_\_\_\_\_

Name of Your Insurance Co. \_\_\_\_\_

Type of Insurance Carried \_\_\_\_\_

Name of Driver \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship of Driver to Owner \_\_\_\_\_ Driver's Date of Birth \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Purpose Car Being Used \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ (AM / PM ) Location \_\_\_\_\_ Address Number and Street \_\_\_\_\_

CITY - TOWN \_\_\_\_\_

STATE \_\_\_\_\_

## OCCUPANTS OF VEHICLE:

## OCCUPANT OF

NAME	ADDRESS	APPROXIMATE AGE	RELATION TO OWNER	YOUR CAR	OTHER CAR	PEDESTRIAN	INJURED?

Nature of Injuries \_\_\_\_\_

Where Treated? \_\_\_\_\_ Name of Doctor Giving Aid \_\_\_\_\_

## DAMAGE TO PROPERTY OF OTHERS

Extent of Damage \_\_\_\_\_

If Auto Make of Car \_\_\_\_\_ State and License No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Driver's Date of Birth \_\_\_\_\_

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Driver's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Where Can Property Be Seen? \_\_\_\_\_

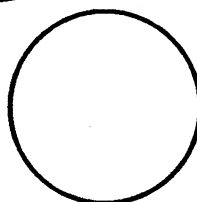
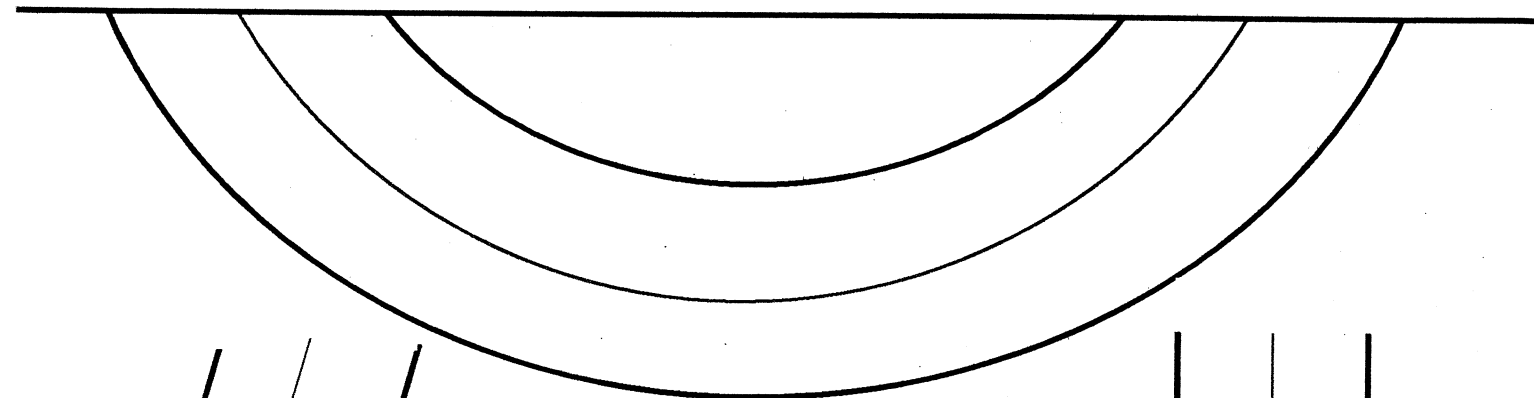
## WITNESSES (Include and Indicate Occupants of Cars)

NAME	ADDRESS	TELEPHONE

BE SURE TO COMPLETE OTHER SIDE OF THIS REPORT

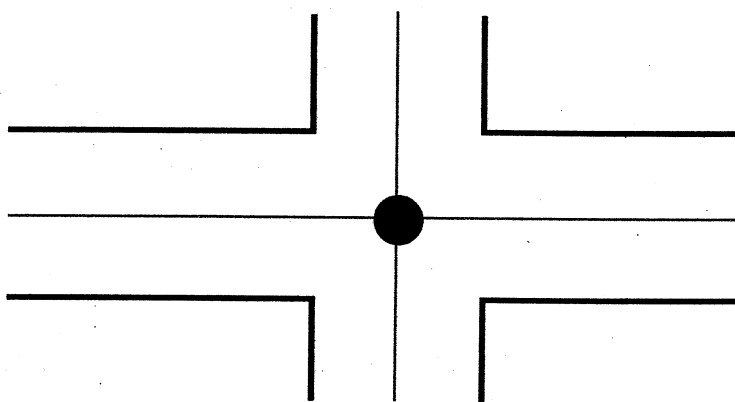
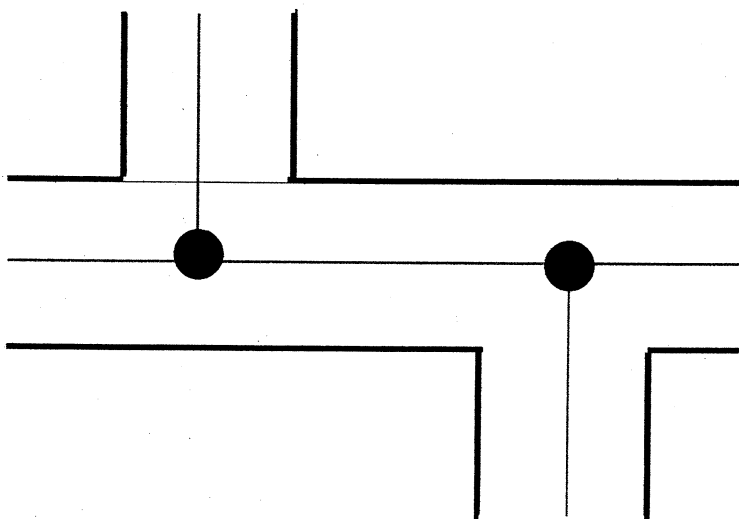
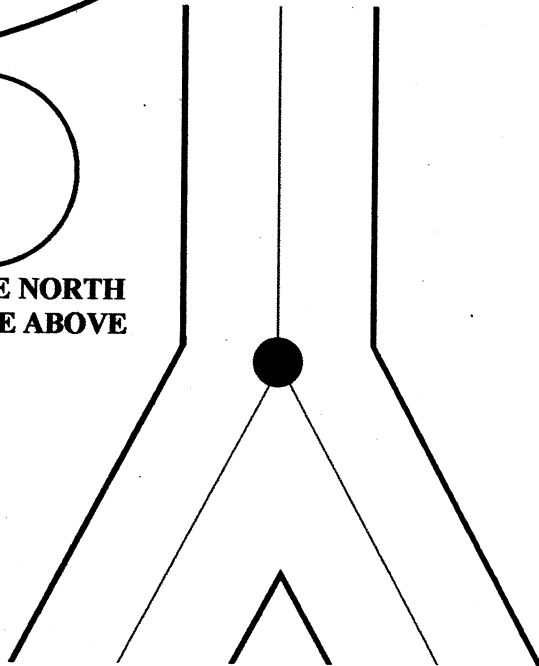
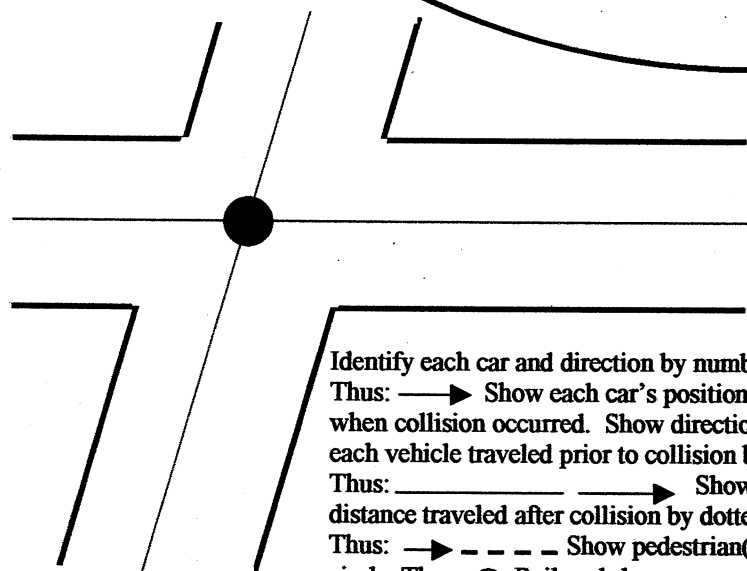
Dated at \_\_\_\_\_ (SIGNED) \_\_\_\_\_

On \_\_\_\_\_



INDICATE NORTH  
IN CIRCLE ABOVE

Identify each car and direction by numbered arrow.  
 Thus: Show each car's position at the moment  
 when collision occurred. Show direction and distance  
 each vehicle traveled prior to collision by solid line(s).  
 Thus: Show direction and  
 distance traveled after collision by dotted line.  
 Thus: Show pedestrian(s) by small  
 circle, Thus: Railroads by:



CONSTRTUCTION AND CONDITION OF ROAD, WEATHER, TIME

CONCRETE	<input type="checkbox"/>	DRY	<input type="checkbox"/>	SMOOTH	<input type="checkbox"/>	CLEAR	<input type="checkbox"/>
GRAVEL	<input type="checkbox"/>	WET	<input type="checkbox"/>	ROUGH	<input type="checkbox"/>	RAINING	<input type="checkbox"/>
OILED	<input type="checkbox"/>	ICY	<input type="checkbox"/>	UPHILL	<input type="checkbox"/>	MISTY	<input type="checkbox"/>
DIRT	<input type="checkbox"/>		<input type="checkbox"/>	DOWNHILL	<input type="checkbox"/>	FOG	<input type="checkbox"/>
ASPHALT	<input type="checkbox"/>		<input type="checkbox"/>	LEVEL	<input type="checkbox"/>	SNOW	<input type="checkbox"/>

TIME OF ACCIDENT: \_\_\_\_\_ O'CLOCK AM PM